



California State Fire Training

Bus (916) 445-8444 1131 S Street, PO Box 944246, Sacramento, Ca 94244-2460 Fax (916) 445-8128

INSTRUCTOR APPLICATION

Registry for EMT-I Courses

Please Print or Type

NAME:

First _____ Middle _____ Last _____

DEPARTMENT:

Current Employer _____

DEPT ADDRESS:

Street _____

City _____ State _____ Zip _____

HOME ADDRESS:

Street _____

City _____ State _____ Zip _____

TELEPHONE:

Work - (_____) _____ Home - (_____) _____

ELIGIBILITY VERIFICATION

Mark the boxes after reading each statement and sign below.

☐ I meet and will maintain the legal standards in Section 1798.200(a) of the California Health and Safety Code for EMTs.

SECTION 1798.200 HEALTH AND SAFETY CODE Ineligibility may result if your actions have included any of the following acts listed in subdivision (d).

- (a) Fraud in the procurement of any certification under this division
- (b) Gross negligence
- (c) Repeated negligent acts
- (d) Incompetence
- (e) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel
- (f) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction
- (g) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations promulgated by the authority pertaining to prehospital personnel
- (h) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances
- (i) Addiction to the excessive use of, or the misuse of alcoholic beverages, narcotics, dangerous drugs, or controlled substances
- (j) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification
- (k) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

☐ I, the undersigned, am the person applying for EMT-I instructor. I hereby certify under penalty of perjury under the laws of the State of California, that all statements made therein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information may be cause for denial.

APPLICANT'S SIGNATURE: _____

DATE: _____